

Docket No.
89283.051401

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
ELECTRONIC DATA GATHERING FOR EMERGENCY MEDICAL SERVICES

the specification of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as United States Application No. or PCT International Application Number _____ and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

None

☐

(Number)

(Country)

(Day/Month/Year Filed)

☐

(Number)

(Country)

(Day/Month/Year Filed)

☐

(Number)

(Country)

(Day/Month/Year Filed)

60/199,871	April 26, 2000
(Application Serial No.)	(Filing Date)
60/199,871	April 26, 2000
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(Application Serial No.)	(Filing Date)

None		
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

Thomas R. FitzGerald	Reg. No. 26,730
Ronald S. Kareken	Reg. No. 20,573
Lee J. Fleckenstein	Reg. No. 36,136
Laurence S. Roach	Reg. No. 45,044
Stephen J. Sand	Reg. No. 34,716
Ronald J. Kisicki	Reg. No. 38,205

Send Correspondence to: **Thomas R. FitzGerald, Esq.**
JAECKLE FLEISCHMANN & MUGEL, LLP
 39 State Street
 Rochester, New York 14614-1310

Direct Telephone Calls to: *(name and telephone number)*
Thomas R. FitzGerald, Esq. - Tel. (716) 262-3640 - Fax (716) 262-4133

Full name of sole or first inventor Christopher Zak	
Sole or first inventor's signature	Date
Residence 4590 Southwestern Boulevard, Apt. IJ, Hamburg, New York 14075	
Citizenship USA	
Post Office Address Same as Above	

Full name of second inventor, if any Thomas F. D'Aprix, Jr., M.D.	
Second inventor's signature	Date
Residence 374 Lakefront Boulevard, Buffalo, New York 14202	
Citizenship USA	
Post Office Address Same as Above	

Full name of third inventor, if any Anthony J. Billitier, M.D.	
Third inventor's signature	Date
Residence 6 Hemlock, Lancaster, New York 14086	
Citizenship USA	
Post Office Address Same as Above	

Full name of fourth inventor, if any	
Fourth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of fifth inventor, if any	
Fifth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of sixth inventor, if any	
Sixth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant:	Christopher Zak, et al.)	Examiner:
)	Unknown
Application No. :	TBA)	
)	
Filing Date:	Herewith)	Art Unit:
)	Unknown
For:	ELECTRONIC DATA GATHERING)	
	FOR EMERGENCY MEDICAL)	
	SERVICES)	

SMALL ENTITY CERTIFICATION
PURSUANT TO CFR § 1.27 & 1.28

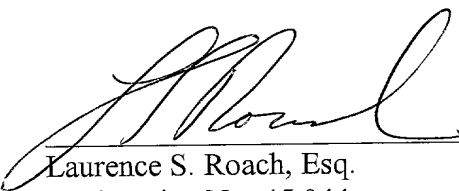
Box: Patent Application

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

I, Laurence S. Roach, hereby certify that inventors Christopher Zak, Thomas D'Aprix, and Anthony Billitier are employed by Calspan - University at Buffalo Research Center, Inc., located at 4455 Genesee Street, Buffalo, New York 14225, and that Calspan - University at Buffalo Research Center, Inc. is a nonprofit organization as defined in 37 CFR 1.9(e), and qualifies for small entity status pursuant to CFR § 1.27 & 1.28.

Dated: 4/26/07



Laurence S. Roach, Esq.
Registration No. 45,044
Attorney for Applicant

Jaekle Fleischmann & Mugel, LLP
39 State Street
Rochester, New York 14614
Tel: (716) 262-3640
Fax: (716) 262-4133